

Questions and Answers about C. P. S.

Question: Are Spanish-American War veterans required to pay for medication, or can their prescriptions be filled at government expense as are those of other classes of eligible veterans?

Answer: Veterans Administration regulations governing the out-patient prescription program do not exclude any class of eligible veterans. Therefore, Spanish-American War veterans are entitled to have prescriptions filled at government expense (i.e., either through a member drug store of the California Pharmaceutical Association or at a VA regional office pharmacy).

Question: If C.P.S. rejects a physician's claim because the services rendered are not covered by the patient's C.P.S. contract, is the patient then fully responsible for payment of such services?

Answer: Yes. All C.P.S. members are responsible for all services which are not benefits of their contracts.

The avoidance of this or other types of incorrect billing is preferable, from all points of view, to later correction. Some of the methods used by C.P.S. to prevent incorrect billing are: (1) Supplying information to members about services that are, and are not, covered by their contracts; (2) utilizing the C.P.S. Physician Relations Department to inform and instruct physicians' nurses and secretaries about C.P.S. billing and contracts; (3) the Physician's Manual, which describes benefits of C.P.S. contracts in relation to code number which appears on membership cards; the telephone answering section of the Medical Department (in C.P.S. offices in San Francisco and Los Angeles) which serves as a source of immediate information regarding contracts, benefits, exclusions, etc., for physicians and hospitals.

Question: If a member's income is less than the C.P.S. income ceiling, does the income clause apply even for services which are not covered by his contract; or may the physician charge his private fee?

Answer: The income clause is an integral part of every C.P.S. member's contract, but its application does not extend beyond the provisions of the contract. Services not covered by a member's contract are not affected by the income clause. Therefore, in the instance cited by the question, the physician may charge his private fee.

Question: If I perform surgical operation on a C.P.S. patient who does not have medical coverage, does the fee I receive from C.P.S. for the surgical procedure cover preoperative medical services and surgical consultations which preceded operation?

Answer: No. Benefits under the C.P.S. surgical contract commence from *the time actual operation is performed*, and do not include medical services which may have preceded operation. The member, not having medical coverage, would be responsible for such services.

Question: How long, on the average, does it take C.P.S. to process and pay a physician's bill?

Answer: If the bill is received by the C.P.S. Medical Department by the fifteenth of the month, it will normally be paid by the tenth of the following month. Delays may occur, however, in cases of treatment for accidental injury or when a billing form does not provide sufficient information and the physician must be contacted.

Question: Why does it take C.P.S. longer to make payment on an accident case than on other cases?

Answer: There is necessarily a slight delay in payment on accident cases, perhaps a few weeks, because of the possibility of third party liability in the accident.

If C.P.S. finds, upon investigation, that there is no third party liability, payment is made without further delay. If the possibility of third party liability exists, payment is made if and when C.P.S. obtains a signed statement from the member, stating that C.P.S. will be reimbursed when the third party makes financial settlement with the member. The physician, meanwhile, is advised of steps being taken by C.P.S. and of pertinent legal aspects of the case which are of interest to him. If, ultimately, the third party liability is denied as the result of legal or other action, the physician is assured of payment from C.P.S. in accordance with the member's contract and the C.P.S. Fee Schedule.

Question: Is it the physician's responsibility to find out if a patient belongs to C.P.S., or is it the patient's responsibility to make this fact known?

Answer: It is the patient's responsibility, and he should do it at the time of the first visit. Under strict interpretation of C.P.S. contracts, the member is not entitled to contract benefits if he does not make his C.P.S. membership known. However, physicians and their nurses, secretaries and receptionists can help avoid such situations (and contribute to good doctor-patient relationships) by asking new patients, "Do you have any form of health insurance?" or some similar question. The C.P.S. Physician Member plaque (carrying the words "please present your card during first visit") also should be placed where it will be seen and be a reminder to patients.